

TOWN OF LYNNFIELD  
Attn: Selectmen's Office  
55 Summer Street  
Lynnfield, MA 01940  
Phone 781-334-3180 -- fax #781-334-0014

**APPLICATION FOR COMMON VICTUALLER**

**Fee: \$50.00**

*Return this form along with the Workers' Compensation Insurance Affidavit and applicable fee. Checks are to be made payable to the Town of Lynnfield.*

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*Name of Business* *Business Telephone #*

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*Address of Business*

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*Business Mailing Address if different from above*

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*Name & Title of Applicant* *Telephone #*

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*Address of Applicant*

***Description of Business/Operation:***

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***I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.***

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if applicable)

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\*\*Social Security # or Federal Identification Number

**\*This license will not be issued unless the applicant signs this certification clause.**

**\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**